		MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							NO.	FILING DATE				
					CLAIMS			APPLICA	M1(S)					
	A	FILED	AMEN	AFTER 187 AMENDMENT		AFTER 2010		5	I					
	MD	DEP	MD	DEP	AME	THEMO	┨	 			<u> </u>		-	
1	1-					DEP	1	-	- MD	DEP	MD	DEP	BED	Γ
	 	 					1	51 52	 	 	 			
3	 	 					1	53	 	 	 	 		
5]	54	 	 	 	 		
61	·		╂──┤]	55			 	 		L_
7			 . 				1	56						<u> </u>
8							1	57						
9							1	58	 					
10								59 60						_
11 12							,	61	 					
13							17	62						
14		5						63						
15		8					12	64						
16		5					7	65						
17		5					36	- 66						
18							30	67						
19							ŀ	68 69						
10 H							t	70						
2								71						
3								72						
4								73						
5							-	74						
5							 	75						
							-	76 77						_
-								78						
-								79						
_							· [80						
								81						
				`			\vdash	82						
					 		<u> </u>	83						
-						\dashv		84						
						\neg	-	85 86						
-								87			_			
1-								89						
						_		89						
\perp		_						90						
	= 7, 1, -					-		91		1111				. 1
					1	-		92						_
								93		-				
+								5						
+-	 							6						
1								7						
1						⊣ .	9	8		: -				
L,		+-			- 		9							
17	1	1	-	+		\dashv	10	0						\neg
1-	-	-		<u> </u>	_		TOTAL	MD.	1				1.	
ne	100				<u> </u>		TOTAL	1			-			
11/1			GE 25	**			TOTAL		27			ı		- 1